

FROM TREXLER ETAL.

(TUE) 7.12'05 14:13/ST. 14:12/NO. 4860347671 P 1

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FOUNDED 1890

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TOTAL PAGES (Including Cover Page) 9 DATE: July 12, 2005

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NOTES:

Inventor: Gradon et al.

For: **RESPIRATORY HUMIDIFICATION
SYSTEM**

Serial No.: 10/692,399

Art Unit: 3743

Filed: October 23, 2003

Attorney Ref.: 1171/41434/56F

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent
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FROM TREXLER ETAL.

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FORM PTO-1083

Case Docket No. 1171/41434/56F

In re application of:

Serial No.: 10/692,399
 Filed: October 23, 2003
 For: RESPIRATORY HUMIDIFICATION SYSTEM
 Applicant: GRADON et al.
 Attorney Docket No.: 1171/41434/56F

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July 12, 2005

Tiffany E. Sexton

Tiffany E. Sexton

COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "AMENDMENT" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 1	MINUS	** 20	0
INDEP.	* 1	MINUS	** 3	0

☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

SMALL ENTITY

Rate	Addit. Fee
x 25 =	\$.00
x 100 =	\$.00
+ 180 =	\$.00
TOTAL ADDIT. FEE	\$.00

OTHER THAN A SMALL ENTITY

Rate	Addit. Fee
x 50 =	\$.00
x 200 =	\$.00
+ 360 =	\$.00
TOTAL	\$.00

OR

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is also enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: July 12, 2005

Linda L. Palomar
 Raiford A. Blackstone, Jr. Reg. No. 25,156
 Linda L. Palomar, Reg. No. 37,903
 Attorneys of Record

TREXLER, BUSHNELL, GIANGIORGI, BLACKSTONE, & MARR, LTD. • 105 W. ADAMS ST. • CHICAGO, ILLINOIS 60603 • (312) 704-1890

PAGE 2/9 * RCVD AT 7/12/2005 3:17:44 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-1/8 * DNIS:8729306 * CSID:1 312 704 8023 * DURATION (mm-ss):02-30

In re application of:

Serial No.: 10/692,399
 Filed: October 23, 2003
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 Applicant: GRADON et al.
 Attorney Docket No.: 1171/41434/56F

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INDEP.	* 1	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

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JUL 12 2005

Serial No.: 10/692,399)
Applicant: GRADON, McPHEE,)
SEAKINS and LEONARD)
Filed: October 23, 2003)
For: RESPIRATORY)
HUMIDIFICATION SYSTEM)
Examiner: M. PATEL)
Art Unit: 3743)
Attorney Docket No.:)
1171/41434/56F)

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Patent and Trademark Office to fax number (703) 872-9306 on:July 12, 2005
DateTiffany E. Sexton
Tiffany E. SextonAMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated April 18, 2005, having a shortened statutory
deadline for response of July 18, 2005, kindly amend the above-identified patent application
as follows: